



Application for Licensure as a Real Estate Salesperson or Broker

State Form _____ (R/____)
Approved by State Board of Accounts, _____

Indiana Real Estate Commission
Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-3009 Website: www.pla.in.gov

FOR OFFICE USE ONLY

APPLICATION FEE:		LICENSE NUMBER:	
DATE FEE PAID:		DATE LICENSE ISSUED:	
RECEIPT NUMBER:			

* Your Social Security Number is being requested by this state agency in accordance with Indiana Code § 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

LICENSE TYPE APPLYING FOR (Check One): ☐ Salesperson ☐ Associate Broker ☐ Independent Broker ☐ Principal Broker

ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED

APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)		
Current Residential Address (number, street or Rural Route)		
City	State	ZIP Code
Work Telephone Number (include area code)	Residential Telephone Number (include area code)	
Email Address		
Date of Birth (month, day, year)	Place of Birth (city, state)	Social Security Number *

LICENSE SPECIFIC INFORMATION

If you are applying for either the Real Estate Salesperson or the Associate Broker license, and plan to work for an Independent Broker, please have the Independent Broker complete this section of the application. NOTE: Leave this section blank if you are applying to be a Real Estate Salesperson and wish to have your license placed in Unassigned status or if you are applying to be an Independent Broker holding your own license.

Name of Independent Broker	License Number of Independent Broker		
Current Business Address (number, street or Rural Route)			
City	State	ZIP Code	Business Phone (include area code)
Signature of Independent Broker			Date

If you are applying for either the Real Estate Salesperson or the Associate Broker license, and plan to work for a Real Estate Professional Corporation (PC), Real Estate Corporation (CO), Limited Liability Company (LC) or Partnership (PA), please have the Principal Broker of that PC, CO, LC, or PA complete this section of the application. NOTE: Leave this section blank if you are applying to be a Real Estate Salesperson and wish to have your license placed in Unassigned status or if you are applying to be an Independent Broker holding your own license.

Name of Principal Broker	License Number of Independent Broker		
Name of PC, CO, LC, or PA	License Number of PC, CO, LC, or PA		
Current Business Address (number, street or Rural Route)			
City	State	ZIP Code	Business Phone (include area code)
Signature of Principal Broker			Date

NOTE: If you are applying for Principal Broker license, you must file one of the following applications along with this application:

- 1.) Application for Registration of Real Estate Professional Corporation
- 2.) Application for Real Estate License as a Corporation
- 3.) Application for Real Estate License as a Limited Liability Company
- 4.) Application for Real Estate License as a Partnership

PRE-LICENSING COURSE INFORMATION

Have you completed a Commission-approved pre-licensing course? _____ Yes _____ No (Please provide information below)

APPLICANTS MUST ATTACH AN ORIGINAL OR NOTARIZED COPY OF THEIR CERTIFICATE OF COURSE COMPLETION.

Name of Pre-Licensing Course Provider		Indiana Pre-Licensing Course Provider Registration Number
Location (city and state)	Course Completion Date (MM/DD/YYYY)	Number of course hours completed

LICENSING EXAMINATION INFORMATION

Have you successfully completed both the National and State-Specific portions of the required licensing examination?
_____ Yes _____ No (Please provide information below)

Date Examination(s) Taken: _____

APPLICANTS MUST ATTACH AN ORIGINAL OFFICIAL SCORE REPORT WITH THIS APPLICATION.

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?

☐ Yes ☐ No (If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit)

TYPE OF LICENSE / CERTIFICATE/ REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	LICENSE STATUS

If your answer is "yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

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|---|--|
| 1. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of government, or are criminal charges now pending against you? (except for minor violations of traffic laws resulting in fines) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certification, registration or permit to practice real estate or any other profession in this or any other state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you agree to promptly return your license certificate and pocketcard if and when required by the Commission and to conform to all relevant statutes and to the administrative rules promulgated by the Commission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Were you informed, in writing, of the non-recruitment requirements contained in the Commission's administrative rules? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Were you, at any time during your real estate course, recruited for employment or association with any real estate broker or company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of Applicant	Date signed (month, day, year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency, or the Indiana Real Estate Commission, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Commission, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organization and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency, or the Indiana Real Estate Commission, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of Applicant

Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____

COUNTY OF _____

} SS:

I, _____, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of Applicant

Signature of Notary Public

Printed or Typed Name of Applicant

Printed or Typed Name of Notary Public

Date Subscribed and Sworn To (*Notary Public*)

County of Residence

Date Commission Expires